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November 3, 2004

**GROUP: 1635****FAX NUMBER: 1-703-872-9306****ATTORNEY DOCKET NO.: ISPH-0628****SERIAL NO.: 10/067,125****FILED: February 4, 2002****CUSTOMER NO.: 32862****CONFIRMATION NO.: 7371**

**NUMBER OF PAGES: 13**  
(including this sheet)

**MESSAGE:** Attached is an Amendment Transmittal Letter (in duplicate);  
Reply to Restriction Requirement dated October 6, 2004 and  
Notification of a Change in Status to Large Entity.

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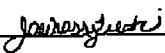
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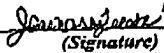
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>ISPH-0628</b>	
Applicant(s): <b>Baker et al.</b>					
Application No. <b>10/067,125</b>	Filing Date <b>February 4, 2002</b>	Examiner <b>James Schultz</b>	Customer No. <b>32862</b>	Group Art Unit <b>1635</b>	Confirmation No. <b>7371</b>
Invention: <b>ANTISENSE MODULATION OF EXPRESSION OF TUMOR NECROSIS FACTOR RECEPTOR-ASSOCIATED FACTORS (TRAFs)</b>					
<b>COMMISSIONER FOR PATENTS:</b>				<b>RECEIVED CENTRAL FAX CENTER NOV 03 2004</b>	
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1619</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>					
_____ <i>Jane Massey Licata</i> Signature			Dated: November 3, 2004		
Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>		
cc:					

P11LARGE/REV08

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TOTAL CLAIMS	17 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0 x	\$88.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<div style="display: flex; flex-direction: row-reverse;"><div style="flex: 1; padding-right: 10px;"><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-1619</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.</div><div style="flex: 1; padding-left: 10px;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></div></div>						
<div style="display: flex; align-items: center;"><div style="flex: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div><div style="flex: 1; text-align: center; margin-bottom: 5px;">Signature</div></div> <div>Jane Massey Licata Reg. No. 32,257 Licata &amp; Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454</div>			Dated: <b>November 3, 2004</b>			
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CC:						

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b> Applicant(s): Baker et al.			Docket No. ISPH-0628
Application No. 10/067,125	Filing Date February 4, 2002	Examiner James Schultz	Group Art Unit 1635
Invention: ANTISENSE MODULATION OF EXPRESSION OF TUMOR NECROSIS FACTOR RECEPTOR-ASSOCIATED FACTORS (TRAFs)			
<p>I hereby certify that this _____ <u>Reply to Restriction Requirement</u> _____ (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u> ) on <u>November 3, 2004</u> (Date)</p> <p style="text-align: right;">_____ Jane Massey Licata (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;">_____ <i>Jane Massey Licata</i> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. <b>ISPH-0628</b>
Applicant(s): Baker et al.			
Application No. <b>10/067,125</b>	Filing Date <b>February 4, 2002</b>	Examiner <b>James Schultz</b>	Group Art Unit <b>1635</b>
Invention: <b>ANTISENSE MODULATION OF EXPRESSION OF TUMOR NECROSIS FACTOR RECEPTOR-ASSOCIATED FACTORS (TRAFs)</b>			
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: ISPH-0628  
Inventors: Baker et al.  
Serial No.: 10/067,125  
Filing Date: February 4, 2002  
Examiner: Schultz, James  
Customer No.: 32862  
Group Art Unit: 1635  
Confirmation No.: 7371  
Title: Antisense Modulation of Expression  
of Tumor Necrosis Factor Receptor-  
Associated Factors (TRAFs)

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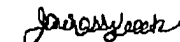
  
Jane Massey Licata Registration No. 32,257

Commissioner for Patents  
Washington, DC 20231

NOTIFICATION OF A CHANGE IN STATUS

Applicant hereby provides notification that the status  
of the above-identified application is changed to Large  
Entity.

Respectfully submitted,

  
Jane Massey Licata  
Registration No. 32,257

Date: November 3, 2004

Licata & Tyrrell P.C.  
66 E. Main Street  
Marlton, New Jersey 08053  
(856) 810-1515

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